

Please type a plus sign (+) inside this box ☐

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

0010/PTO Rev. 6/95 U.S. Department of Commerce Patent and Trademark Office DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing	Attorney Docket Number	960296.95700
	First Named Inventor	Hector F. DeLuca
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method of Treatment of Type I Diabetes

(Title of the invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION

Page 2

I hereby claim benefit under Title 35, United States Code §120 of any United States application(s), or §365(C) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International application in the manner provided in the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name Customer Number or label
OR
☒ List attorney(s) and/or agent(s) name and registration number below

Name	Registration Number	Name	Registration Number
Herbert W. Mylius	24,578	Bruce T. Neel	37,406
Barry E. Sammons	25,608	Michael A. Jaskolski	37,551
Charles W. Jirauch	26,186	Richard T. Roche	38,599
Nicholas J. Seay	27,386	Alexander B. Ching	41,669
George E. Haas	27,642	Terri S. Flynn	41,756
Michael J. McGovern	28,326	John T. Pienkos	42,997
Carl R. Schwartz	29,437	Daniel G. Radler	43,028
Keith M. Baxter	31,233	Gregory M. Smith	43,136
John D. Franzini	31,356	Steven J. Wietrzny	44,402
Janine R. Novatt	32,593	Paul D. Amrozowicz	45,264
Jean C. Baker	35,433	David M. Kettner	45,589
David G. Ryser	36,407	Adam J. Forman	46,707
Bennett J. Berson	37,094	Zhibin Ren	P47,897

☐ Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto

Please direct all correspondence to ☐ Customer Number or label OR ☒ Fill in correspondence

Name	Jean C. Baker		
Address	Quarles & Brady LLP		
Address	411 East Wisconsin Ave. Suite 2040		
City	Milwaukee	State	WI
Zip	53202-4497		
Country	USA	Telephone	414) 277-5000
Fax	(414) 271-3552		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of Sole or First Inventor:		A petition has been filed for this unsigned inventor	
Given Name	Hector	Middle Initial	F.
Family Name	DeLuca	Suffix e.g. Jr.	
Inventor's Signature			Date
Residence:	Deerfield	State	WI
Country	USA	Citizenship	USA
Post Office	1809 Highway BB		
Post Office			
City	Deerfield	State	WI
Zip	53531	Country	USA
Applicant Authority			

☐ Additional inventors are being named on supplemental sheet(s) attached hereto

Please type a plus sign (+) inside this box ☐

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet						
Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor										
Given Name	Laura				Middle Initial			Family Name	McCary			Suffix e.g. Jr.				
Inventor's Signature											Date					
Residence:		Oxnard				State	CA		Country	USA		Citizenship	USA			
Post Office		2611 Ruby Drive														
Post Office																
City	Oxnard				State	CA		Zip	93030		Country	USA		Applicant Authority		
Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor										
Given Name	Julia				Middle Initial	B.		Family Name	Zella			Suffix e.g. Jr.				
Inventor's Signature											Date					
Residence:		Madison				State	WI		Country	USA		Citizenship	USA			
Post Office		3110 Dorchester Way, Unit 2														
Post Office																
City	Madison				State	WI		Zip	53719		Country	USA		Applicant Authority		
Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor										
Given Name					Middle Initial			Family Name				Suffix e.g. Jr.				
Inventor's Signature											Date					
Residence:						State			Country			Citizenship				
Post Office																
Post Office																
City					State			Zip			Country			Applicant Authority		
Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor										
Given Name					Middle Initial			Family Name				Suffix e.g. Jr.				
Inventor's Signature											Date					
Residence:						State			Country			Citizenship				
Post Office																
Post Office																
City					State			Zip			Country			Applicant Authority		
Additional inventors are being named on supplemental sheet(s) attached hereto																